



Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

SECTION ONE: Display and/or Deployment Information

Case Number:	288A008288	Location of Incident:	Fourth St.
Date of Incident:	9/9/23	Time of Incident:	0206
CEW Model:	X2	CEW Serial Number:	X30007YWM
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where was CEW held against subject's body:	

Was a recording device running at the time of the incident? ☐ Yes ☒ No
If yes, was it a ☐ Body Cam ☐ Dashboard Cam ☐ other (describe):

Was the subject: ☒ Human OR ☐ Animal (if animal, STOP here and submit form)

Was subject charged with a crime? ☒ Yes ☐ No
If yes, what charge(s): Unlawful Trespass / VCOR / Escape

SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 33	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown
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4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)

- | | |
|--|--|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Elderly (Over the age of 65) | <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders |
| <input type="checkbox"/> Child (Under the age of 18) | <input type="checkbox"/> Epilepsy/seizure disorder |
| <input type="checkbox"/> Low body-mass index (Body type is Thin) | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Deaf/hard of hearing |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Low vision/blind |
| <input type="checkbox"/> Developmental/intellectual disability | |

5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Subject notified officer | <input type="checkbox"/> Civilian witness |
| <input type="checkbox"/> Professional witness | <input type="checkbox"/> Dispatch |
| <input type="checkbox"/> Personal perception of the subject | |

6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? ☒ Yes ☐ No ☐ Unknown

7. Were mental health or developmental disabilities professionals contacted for assistance with the subject?
☒ No (If no, go to Section Three)

☒ Yes MA



If yes, contacted by: ☐ Officer or ☐ Someone Else (list whom): _____

If yes, when?

☐ Prior to the display or deployment

☐ During the display or deployment

☐ After the display or deployment

Other comments:

8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply:

☐ Professional assisted to resolve situation more promptly or with less coercion than without contact;

☐ Professional did not result in any positive or helpful impact on the situation;

☐ Professional provided limited positive or helpful impact on the situation;

☐ Contact was attempted but no one could be reached;

☐ Professional helped reduce the time officers had to be at the scene;

☐ Professional helped avoid involuntary placement in detention or emergency department;

☐ Professional helped provide appropriate follow-up and service provision;

☐ Intervention was ineffective.

SECTION THREE: ADDITIONAL INFORMATION

Decision to use CEW was based on:

☐ Active aggression of subject;

☒ Active resistance of subject, with injuries to others or subject likely to occur;

☐ Anticipated injuries to subject, officer, or others at scene.

What was the subject's response to the use of the CEW? *CEW was displayed, not used*

☐ Subject was compliant directly after use of CEW;

☒ Subject was not compliant directly after use of CEW, requiring additional force;

☐ CEW failed; subject had to be handled through other means. State reason for failure if known:

Was any other force used in addition to the CEW? Check all that apply:

☐ OC ☐ Firearm ☐ Physical force ☐ Baton

☒ Other (describe): *K9*

Was this additional use of force before or after use of the CEW? ☐ Before ☒ After

Was medical assistance provided to the subject following the use of the CEW? ☐ Yes ☐ No

If yes, by whom? ☐ Officer ☐ EMS personnel ☐ Other emergency or health care professionals

Check any box below relating to noteworthy details not already described:

☐ Incident occurred on an elevated location such as a roof, stairs, or bridge;

☐ Subject was near or in water at time of incident;

☐ Subject was wearing heavy clothes;

☐ Subject was more than 25 feet away when CEW probe shot;

☐ Subject was fleeing when CEW probe shot.

Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? ☐ Yes ☒ No ☐ N/A

If no, describe why not: *Subject ran from custody, CEW displayed/verbalized, not used.*

Return this completed form via scan or email to:

Vermont Criminal Justice Training Council
317 Academy Road, Pittsford, VT 05763
Tel: (802)483-6228 Fax: (802)483-2343
Jacob.Hansell@vermont.gov

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